



PACIFIC COAST BENEFITS TRUST
2323 EASTLAKE AVENUE EAST
SEATTLE, WA 98102-3305
 (206) 926-2845 | TOLL FREE (866) 312-4594

BENEFICIARY DESIGNATION FORM

Participant				
First Name	Middle	Last Name		
Social Security Number		Date of Birth		Gender
Address		City	State	Zip Code
Employer				Local Union Number
Home Phone	Cell Phone		Email Address	
Participant's Spouse				
Date of Marriage		Not Married (please initial)		
First Name	Middle	Last Name		
Social Security Number		Date of Birth		Gender

If you (1) die before Retirement or Termination Benefits are to begin under the Pacific Coast Benefits Plan and (2) are married at the time of your death, then, notwithstanding this Beneficiary Designation, Death Benefits will be payable **only** to your surviving spouse.

If you fail (or are unable) to make a valid designation of a Beneficiary, or if no designated Beneficiary survives you, your Beneficiary will be the survivor(s) of the first surviving class among the following:

1. Surviving Spouse 2. Children 3. Parents 4. Siblings 5. Estate

You may make, change, or revoke the designation of your Beneficiary at any time. To be effective the designation, change, or revocation must be made in writing on the proper form and must be received by the Trustees before your death. This Beneficiary designation cancels any previous designation you have made.

In the space provided below, you may designate any person or your estate your Beneficiary. If more than one Beneficiary is named, check one of the following two boxes:

- I request that any Death Benefits be paid in equal shares to the Beneficiaries listed.
- I request that any Death Benefits be paid to the first Beneficiary named below who survives me.
- Check this box if you wish any Death Benefits to be paid only to your estate. (No Beneficiaries are named below.)

Beneficiary 1				
First	Middle	Last	Social Security Number	
Address			Relationship	
City	State	Zip Code	Gender	Date of Birth
Beneficiary 2				
First	Middle	Last	Social Security Number	
Address			Relationship	
City	State	Zip Code	Gender	Date of Birth
Beneficiary 3				
First	Middle	Last	Social Security Number	
Address			Relationship	
City	State	Zip Code	Gender	Date of Birth

Date: _____ **Participant's Signature:** _____